

DEC 30 2004

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Attachments: Revocation of power of attorney (1 page) + New power of attorney (1 page)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** Matthias Giese  
**Application Serial Number:** 10/675,444  
**Filing Date:** 09/30/2003  
**Title:** Equine arteritis virus vaccine

**Examiner**  
**Group Art Unit:** 1642

**Date:** December 29, 2004

**Mail Stop:** Patent Application

Honorable Commissioner for Patents  
P.O. Box 1450 Alexandria, VA 22313-1450

**COMMUNICATION**

Attached hereto please find an original Revocation of Power of Attorney and New Power of Attorney. The undersigned respectfully requests enter of these papers into the record.

The Commissioner is hereby authorized to charge any fees which may be required regarding this application under 37 CFR §§ 1.16-1.17 or credit any overpayment, to deposit account No. 503321. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, or otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 503321.

Respectfully submitted,

By: Sam Zaghmout

O. M. (Sam) Zaghmout Ph.D  
(Registration No. 51,286)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	101675, 944
Filing Date	0913012003
First Named Inventor	GIESE, Matthias
Art Unit	1642
Examiner Name	S
Attorney Docket Number	APB-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name

Dr. O. M. (Sam) Zaghmout

Date

December 27, 2004

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number **10/645,444**  
Filing Date **09/30/2003**  
First Named Inventor **GIESE, Matthias**  
Title **Equine attention virus**  
Art Unit **1642**  
Examiner Name  
Attorney Docket Number **APB-2**

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Dr. O. M. (Sam) Zaghmout	51,288
Mr. Douglas Robinson	51,878

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)**

Name **Dr. Matthias GIESE**  
Signature **[Signature]**  
Date **December 27, 2004** Telephone **703-550-0408**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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